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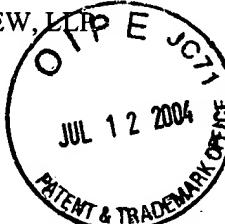
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

20350 7590 04/20/2004

TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
EIGHTH FLOOR
SAN FRANCISCO, CA 94111-3834

07/13/2004 HLE444 00000101 201430 09134014

01 FC:1501 1330.00 DA
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Malinda S. Dagit		(Depositor's name)
<i>Malinda S. Dagit</i>		(Signature)
9 July 2004		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09134,014	08/14/1998	WILHELM GRUISSEM	018941-00020	7338

TITLE OF INVENTION: HOMOLOGOUS RECOMBINATION IN PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/20/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FOX, DAVID T	1638	800-278000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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The Regents of the
University of California

Oakland, California

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(Authorized Signature)

(Date)

Jean M. Lockyer, Reg. 44-879 July 9, 2004

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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

		Application Number	09/134,014
		Filing Date	August 14, 1998
		First Named Inventor	Gruissem, Wilhelm
		Art Unit	1638
		Examiner Name	David T. Fox
Total Number of Pages in This Submission	3	Attorney Docket Number	018941-000200US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form- PTOL-85 (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	
	Jean M. Lockyer, Ph.D.	
Signature		
Date	Reg. No. 44,879	
July 9, 2004		

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Typed or printed name	Malinda C. Dagit	
Signature		Date
	9 July 2004	